GUARDIANSHIP



Get a Permanent Appointment for an Adult

Part 4: What to do After the Court Hearing (Forms Packet)

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SELF SERVICE CENTER

FOR APPOINTMENT OF A PERMANENT GUARDIAN FOR AN ADULT

PART 4: What to do after the Court Hearing (Forms Only)

How to assemble these documents

This packet contains court forms on getting an appointment of permanent guardian. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	PBGA9ft	Table on forms/instructions in this packet	1
2	PBGA9k	Checklist: What to do after the court hearing	1
3	PBGCG92f	"Annual Report of Guardian"	3
4	PBGCF93f	"Fee Statement (Local Rule 5.7) and Proof of Mailing"	2

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SELF SERVICE CENTER

WHAT TO DO AFTER YOU ARE APPOINTED **GUARDIAN FOR AN ADULT**

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- You have been appointed guardian for an adult, or you expect to be.
- after you are You need to know what to do after you are appointed.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

	Name:		
	Address		
Your	City, Sta	te and Zip Code:	
Guar	dian for V	Ward:	
			R COURT OF ARIZONA RICOPA COUNTY
In the	Matter of	f:	Case Number PB
/Nom	ne of Ward	W	ANNUAL REPORT OF GUARDIAN
(IVaII	ie di vvaid	1)	DUE <u></u> MO DAY YR
			PERIOD FROM TO MO DAY YR
an ac each	dult or min year on th	or ward to advise the court ne anniversary date of your	aw (A.R.S. 14-5209(4) and 14-5315) requires every guardian of each year regarding their Ward. Please complete this report appointment as guardian. When complete, mail the report to:
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the home or facility.

В.

Give the name of the facility, address, name and telephone number of the person in charge of

	Name of Person in Charge or Facility:
	Address:
	Telephone Number:
_	rmation about the Ward's Doctor. 's Current Doctor:
	or's Address:
	or's Telephone Number:
Info i A.	rmation about the Ward's physical and mental health. Date the Ward was last seen by a doctor:
B.	Changes in Ward's health. Have there been any major changes in the Ward's physical and/or mental condition in the last year? If so, please describe the change.
C.	Attach a copy of the doctor's report about the Ward's current physical and mental condition.
_	rmation about the Ward's Guardian.
Guard	dian's Address:
Guard	dian's Telephone Number:
Numb	rmation about the Guardianship. Deer of times the Guardian has seen the Ward in the last 12 months: of the last visit:
The C	Guardian's opinion about whether the guardianship should continue: (Explain.)
	rmation about the person responsible for managing the Ward's assets:
	ess:
	hone Number:
any s	rmation about State, County or Federal Agency Services: Does the Ward receive state, county or federal agency services? If so, write in the name of the agency contact and ibe the services received by the Ward.
DATE	ED:
	Print Guardian's Name

Case No.

			Case No	
		Signatur	e of Guardian	
AFFIDAVIT OF MAILING: I promise I	mailed this Annual F	Report of Guard	dian to the following	ng people at the
following address(es) on this date:	(Month/Day/Year)			

(Signature of Person Mailing Document)

Your Address: Your City, State, Z Your Telephone N Attorney's Bar Nu	iling Document:iip Code: umber: mber (if applicable): Self or Attorney for			
	00. =	OURT OF ARIZONA OPA COUNTY		
	(check one or both) nd/or Conservatorship of	Case Number: PB		
		FEE STATEMENT (LC AND PROOF OF		
an Adult or a Minor				
fees are charged m		d in all cases where fees are charged. Al telephone calls, meetings, staff meetings al visits, and so forth		
STATEMENT OF FEES FOR SERVICES: The following is a statement of fees for services rendered from (date) to (date).				
DATE	DESCRIPTION AND SERVICE	PROVIDER	TIME	
NUMBER OF H	OURS BILLED:			
		5 per hour = \$		
		Т	OTAL CHARGE	

Page 1 of 2

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PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS
	•

Today's Date:	
v 0: .	
Your Signature:	